

Legislative Blue Ribbon Commission

Subcommittee on Adult Care Home Transitions

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October 10, 2012



North Carolina & Virginia



Lighting the runway. Rising to the challenge. Easter Seals UCP | **No Limits**

Presentation Focus

- Current funding options for IDD and MH Group Homes.
- Potential funding options for IDD and MH Group Homes
- New service options for IDD and MH Group Homes

Review & recommendations based on current ESUCP data and experience

Current Status – DD Homes

Multiple Funding Reductions-DDA

- Special Assistance shifts
- Dis-allowing IPRS with CAP-DD
- Multiple rate cuts of 9% and 2.67% (2% annual)
- Reductions of IPRS dollars for HUD Homes
- Lack of CAP Slots

Current Status - MH Homes

- Appropriate Focus on Recovery
- Restrictions in Background Checks
- Changes with MCO Shift

Increased Expenses for DDA-MH

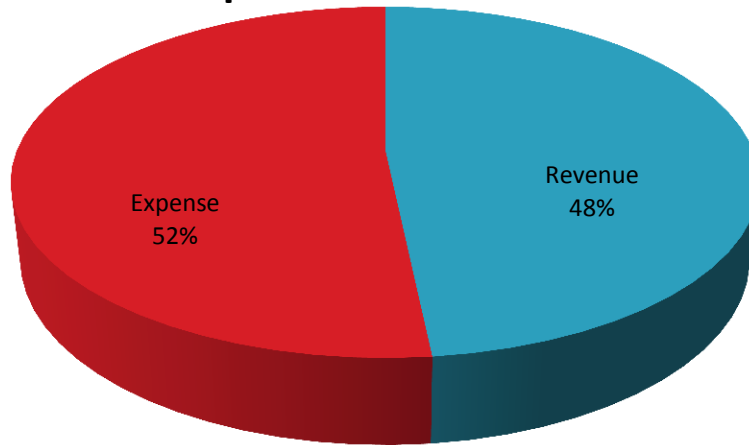
- Shifting cost of day services to DDA Homes
- Rising cost of health care and other benefits
- Licensure standards
- Renewal fees

Current Average Funding

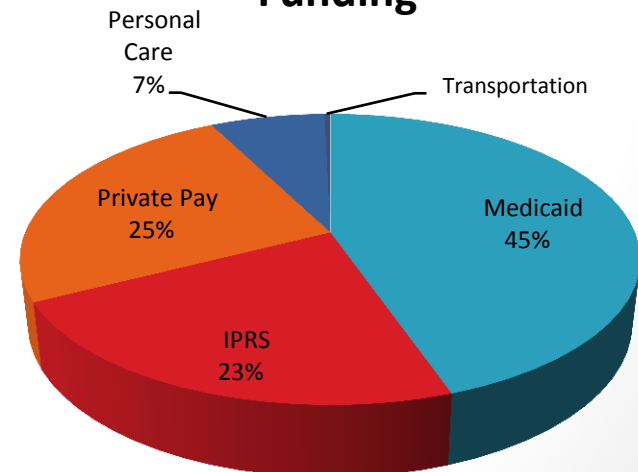
- Total Funding and Expenses
 - Average Per Home
- Average Per Five or Six Bed Home
- Average for Four--Three or Less
 - Average for HUD homes
- Average for Non HUD Homes

DDA Group Home HUD

Expense vs. Revenue

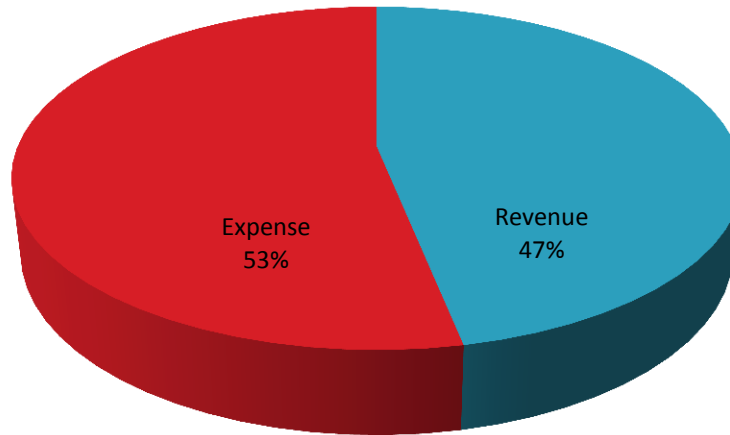


Funding

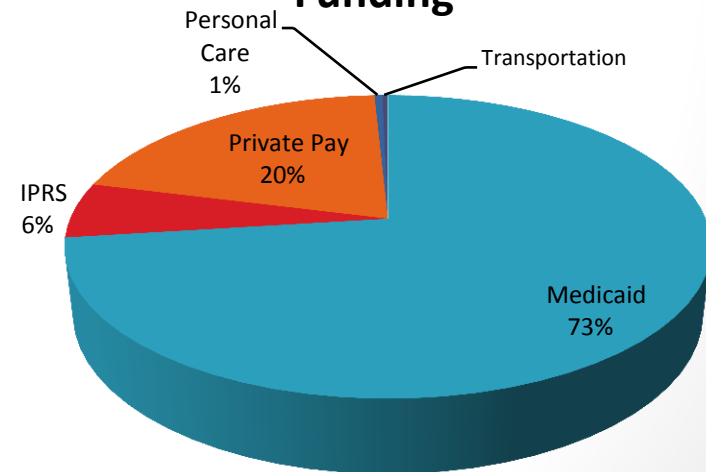


DDA Group Home Non-HUD

Expense vs. Revenue

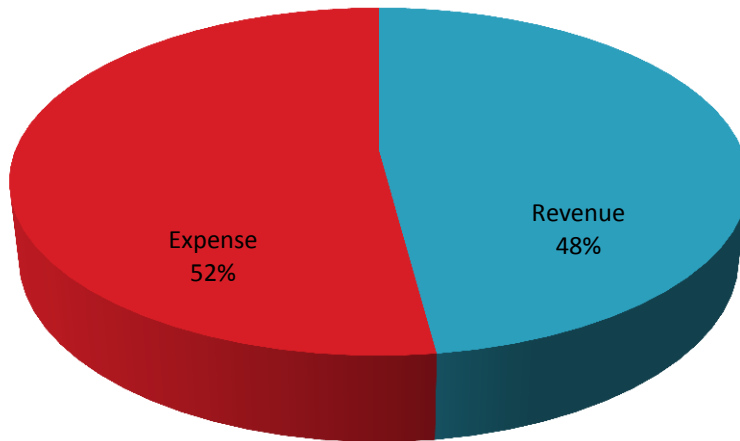


Funding

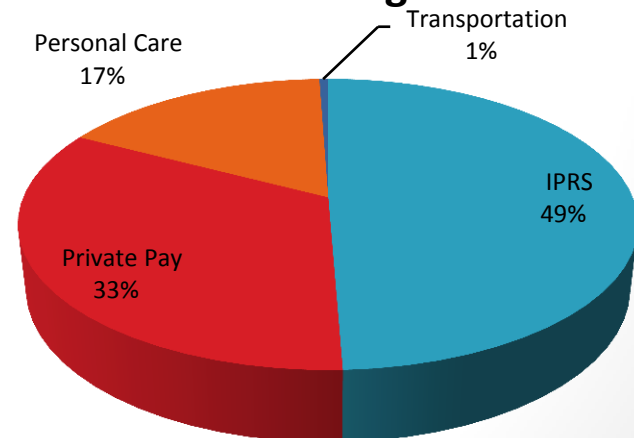


Mental Health Group Home HUD

Expense vs. Revenue



Funding



Group Home Cost

Description	Non-HUD		I/DD HUD		MH HUD	
	Annual Avg/Home	Avg Bed Day/Home	Annual Avg/Home	Avg Bed Day/Home	Annual Avg/Home	Avg Bed Day/Home
All Beds	\$233,000	\$222	\$270,000	\$136	\$183,000	\$101
5 & 6 Beds	\$349,000	\$159	\$270,000	\$136	\$183,000	\$101
4 Beds or Less	\$222,000	\$237	N/A	N/A	N/A	N/A

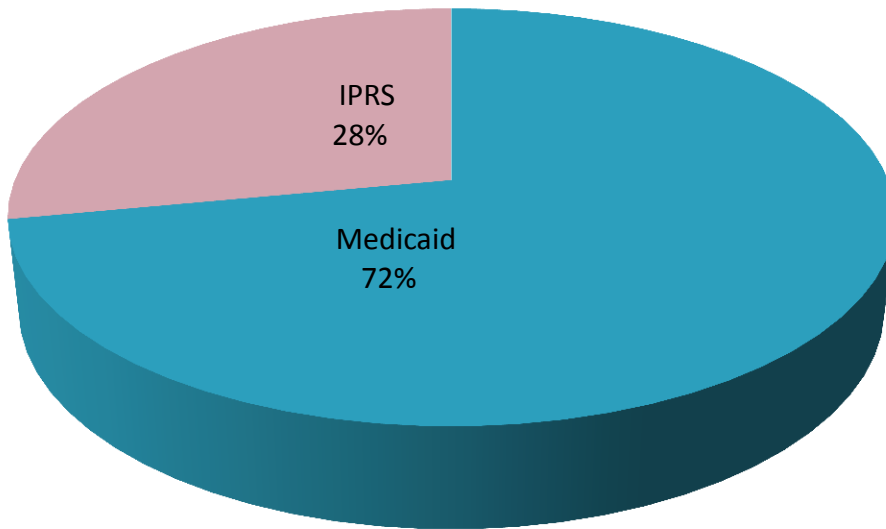
HUD: Rent subsidy ranges from \$7 -\$15 per day per person.

Group Homes Funding Gap Per Person Per Day

Daily Rate	Non-HUD	HUD	Avg DDA	Mental Health
Current Funding Gap	\$26.60	\$8.70	\$13.50	\$8.05
PCS	\$16.62	\$16.62	\$16.62	\$16.62
Projected Funding Gap	\$43.22	\$25.32	\$30.12	\$24.67

Alternative Family Living

Revenue Stream



Alternative Family Living provides a natural home environment for adults with disabilities who are unable to live on their own.

Suggested Solutions

- Stabilize Current funding
- Invest in Transitional services
- Research Long term options

Stabilize Current Funding

- Increase Group Living Rates
- Raise the Residential Supports rates
- Temporarily Freeze New Licensed Facilities
- Create Office of Residential Services
- Extend to all DDA Residents CAP Funding or MCO (PPH) funding with new service definitions within existing LME-MCO's
- Assume little personal care under new definition
- Utilize Special Assistance In Home program

Transition

- Submit (i) option for IDD/DD Target Population
- Licensing incidental to the service (e.g. Shared Living)
- Negotiate with Congress to expand HUD Group Home eligibility to persons with criminal history
- Develop new model(s) as transitional housing - MH Group homes or for specialty populations

Transitional Service for DD and MH

- **Continuum of care**

- Shared Housing (MH/SA & I/DD)
- Smart Home (MH & I/DD)
- Assertive Community Treatment (SPMI)
- Community Support Team (Revised Definition)
- Peer Support Teams (MH & I/DD)
- Developmental Therapy (I/DD)
- Home and Community supports (I/DD Waiver Only)

Long Term Options

- 1915 (i) Option (I/DD and possibly MH)
- Independent Living Service
- Tenancy Support
- Transitional Services for DD and MH
- Defined Medicaid I/DD Habilitative Service
- Licensed Shared Living Providers
- Conversion of MH Group Homes
- Specialized Populations

Long Term

- Lighter and More Natural Supports in Hub and Spoke system
- Service system that allows overlap of services to support successful transitions
- Funding which supports meaningful choice in smaller settings
- Review licensing requirements
- Expanding START model (number of teams and youth team)

Exemplary Programs

Housing First Model : 80% Housing Stability Over 24 months

- Fidelity model to meet the housing and treatment needs.
- Belief that housing is a basic right
- Based on a theoretical foundation that includes psychiatric rehabilitation
- Values consumer choice.
- Individuals define their own needs and goals.
- No prerequisites for psychiatric treatment or sobriety.
- Model can be used within the context of other treatment approaches.

Am J Public Health. 2004 April; 94(4): 651–656.

Smart Home

Smart Home Technology use wireless technology to empower individuals for independent living. Personalized systems are designed to support independent living by individuals, supporting families, and caregivers.

Smart Homes Can Monitor:	
Falls/Inactivity	Cooking/Kitchen Activity
Medication Compliance	Sleep
Wandering	Bathroom Activity

In Conclusion

Overarching points

- Additional funding is needed to stave off the current crisis, which threatens the continuity and stability of thousands of North Carolinians
- Greater flexibility in service provision and more choices of residential service options will create a system less likely to over-serve and over-prescribe care for NC's adults

THANK YOU!